

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/1/01

2 Serial/Patent # 09/599406

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Extension of Time
<input type="checkbox"/>	Notice of Appeal/Appeal
<input type="checkbox"/>	Petition
<input type="checkbox"/>	Issue
<input type="checkbox"/>	Cert of Correction/Terminal Disc.
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Assignment
<input type="checkbox"/>	Other

7 TOTAL AMOUNT
OF REFUND

\$480

10 REASON:

8 TO BE REFUNDED BY:

<input checked="" type="checkbox"/>	Overpayment
<input type="checkbox"/>	Duplicate Payment
<input type="checkbox"/>	No Fee Due (Explanation):

<input type="checkbox"/>	Treasury Check
<input checked="" type="checkbox"/>	Credit Deposit A/C #:
9	<u>15--0461</u>

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: DEWISE 46x

TITLE: PATENT EXAMINER

SIGNATURE: DEWISE 46x

PHONE: 308 9492

OFFICE: OIPE

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**